



HEALTHY KIDS, HEALTHY JACKSONVILLE

A COMMUNITY CALL TO ACTION
TO REDUCE CHILDHOOD OBESITY

2009





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LETTER FROM THE CHAIRS

Dear Friends,

As parents, pediatricians and chairpersons of the Healthy Jacksonville Childhood Obesity Prevention Coalition, we are very excited to write the letter that begins Jacksonville's Community Action Plan to address childhood obesity. This is a tremendous step forward in the health of our children and our community.

This work began in 2003 with the recognition that childhood obesity was neither a moral failing nor simply a medical problem. The Childhood Obesity Prevention Coalition was formed under the auspices of Healthy People 2010. This group recognized the importance of involving all of the community in this effort to improve the health of children. Since then we have seen tremendous growth in not just the group's numbers, but also its reach in the community.

Childhood obesity is a health issue with multiple causes and therefore the solutions need to be addressed from all sectors of the community. This understanding has led the coalition to use the Social-Ecological Framework to address childhood obesity prevention in different work groups. 2006 saw the publication of Duval County Evidence-Based Policy Report. This was the outcome of the interaction of scientists, clinicians and community leaders and has thus served as a framework for a response from the community.

Interest in this issue has grown with the increased recognition of the short-term and long-term effects of obesity on both the individual and the community. Local interest in this issue has brought us to this critical juncture. We are very grateful to The Blue Foundation for a Healthy Florida for their support of this process. There is still much work to be done.

The coalition recognizes the importance of grassroots advocacy, as well as the central need for policy-level change. The group realizes that many decisions made before a child's birth dramatically influence future health. Also, family, community and place all influence not only behavior but also well-being of a child. All of this contributes to the choices a child makes when they reach an age where they can decide on their own food and activities. We also noted the powerful influence of a child's or family's social network along with the impact of the media. This interconnectedness of causes and solutions made it necessary to reach out to community partners in order to determine priorities and a plan for Jacksonville.

Tremendous effort has been put into bringing these recommendations to you. Our work as a community is not yet done. It is imperative for all of those in our city who are concerned about the well-being of our children to work together to address these recommendations. We can no longer work in silos to help our children—we must work in concert to connect resources to families and children who need them. We must make it possible for all children in Jacksonville to have the opportunity and the knowledge to access healthy foods and engage in active living.

The Healthy Jacksonville Childhood Obesity Prevention Coalition will continue to strive to prevent this epidemic, and we are confident that the new interest and focus within our community will help us to become a truly healthy place for children to live, learn and play.

In Health,

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EXECUTIVE SUMMARY

In the United States, approximately 45% of children aged 2-19 are classified as overweight or obese according to the 2005-2006 National Health and Nutrition Examination Survey (NHANES). Statewide, approximately 26% of Florida children are classified as overweight or at risk for being overweight. Bringing the problem closer to home, we find that based on the 2006 Florida Youth Tobacco Survey (FYTS), 27.9% of Jacksonville middle school students and 28.4% of Jacksonville high schools student self-reported weights and heights that classified them as overweight or obese. Unfortunately, these statistics represent a rising trend of children that are overweight or obese with the potential for life-long health problems and rising medical costs. Seeing the rise in rates, the Healthy Jacksonville Childhood Obesity Prevention Coalition and the Northeast Florida Health Planning Council in partnership with The Blue Foundation for a Healthy Florida engaged over a 100 partners to begin a 9 month planning process to develop a set of action steps to reduce this negative trend.

The **2009 HEALTHY KIDS, HEALTHY JACKSONVILLE:**

A COMMUNITY CALL TO ACTION TO REDUCE CHILDHOOD OBESITY represents the collective efforts of over 100 Healthy Jacksonville Childhood Obesity Prevention coalition partners. The plan provides an in-depth look at the problem and negative effects of childhood obesity on the local level and challenges citizens, organizations and local leaders alike with a “call to action” – defining priority actions and steps that can be taken to reduce and ultimately reverse the rising trend of childhood obesity in Jacksonville, Florida.

OUR mission

THE MISSION OF THE HEALTHY JACKSONVILLE CHILDHOOD OBESITY PREVENTION COALITION IS TO PREVENT AND REDUCE OBESITY IN CHILDREN AND ADOLESCENTS BY PROMOTING HEALTHY AND ACTIVE LIFESTYLES FOR CHILDREN IN DUVAL COUNTY.

VALUES:

THE FOLLOWING ARE THE VALUES THAT FRAME THE WORK OF THE COALITION AS IT PURSUES ITS VISION AND MISSION.

- Community Involvement and Empowerment
- Partnership and Collaboration
- Inclusion and Equity
- Respect for Diversity
- Shared Decision-making
- Information sharing and Communication



HEALTHY JACKSONVILLE, housed in the Duval County Health Department is the parent organization of Healthy Jacksonville Community Coalitions. The purpose of the Healthy Jacksonville is to engage citizens and health professionals to improve the health of Duval County residents. Using the framework of Healthy People 2010, Healthy Jacksonville, via community coalitions, utilizes the tools of advocacy, expert knowledge, community outreach, policy development and environmental change to make a lasting positive impact upon the health of our citizens.

Purpose

HEALTHY KIDS, HEALTHY JACKSONVILLE: A COMMUNITY CALL TO ACTION TO REDUCE CHILDHOOD OBESITY

was written by staff and members of the Healthy Jacksonville Childhood Obesity Prevention Coalition. The coalition is made up of citizens, health care professionals, parents, teachers and other individuals committed to reducing and ultimately preventing childhood obesity in Duval County, Florida.

The plan was made a reality thanks to funding from The Blue Foundation for a Healthy Florida's childhood obesity initiative, Embrace a Healthy FloridaSM. Jacksonville is one of five communities in the state of Florida chosen by The Blue Foundation to assist with reversing childhood obesity in Florida, and undertake a planning process to develop a community action plan to reduce childhood obesity.

PREVIOUS COALITION EFFORTS

In 2006, a work group made up of members of the coalition and other community stakeholders authored the "Duval County Evidence-Based Policy Development for the Prevention of Childhood Obesity" report. The report consisted of an extensive literature review of best practices related to reducing childhood obesity. After completing the literature review, members developed a prioritized list of policy recommendations to reduce childhood obesity in Duval County.

Since 2006, the coalition has been working to implement the above recommendations. In 2008, The Blue Foundation for a Healthy Florida recognized the coalition's efforts to reduce and prevent childhood obesity and provided funding to expand coalition efforts, including the development of a community action plan.

GOALS

THERE ARE TWO GOALS OF THIS PLAN

1. **Educate to increase awareness** among Duval County citizens, community groups, organizations, parents, teachers and businesses about the issue of childhood obesity and how it negatively affects our city; and
2. **Recommend specific** actions, strategies and policies that citizens, organizations and local government can implement to reduce and prevent childhood obesity in Duval County.

THE PROBLEM

WHAT IS THE PROBLEM?

Over the past 30 years, the number of overweight and obese children has increased dramatically in the United States. According to the 2005-2006 National Health and Nutrition Examination Survey (NHANES), 30.1% of children aged 2-19 in the United States were classified as overweight and 15.5% are classified as obese. Bringing the problem closer to home, we find that based on the 2006 Florida Youth Tobacco Survey (FYTS), 27.9% of Jacksonville middle school students and 28.4% of Jacksonville high school students self-reported weights and heights that classified them as overweight or obese. Finally, Duval County students are showing a decline in physical fitness levels. According to the 2007 Presidential Physical Fitness Test Results, 70% of Duval County students scored below average; a negative trend that has been increasing since 1984.

THE HEALTH CONSEQUENCES OF CHILDHOOD OBESITY

Overweight children can develop serious health problems, such as diabetes and heart disease, often carrying these conditions into an obese adulthood. Overweight and obese children are at a higher risk of developing:

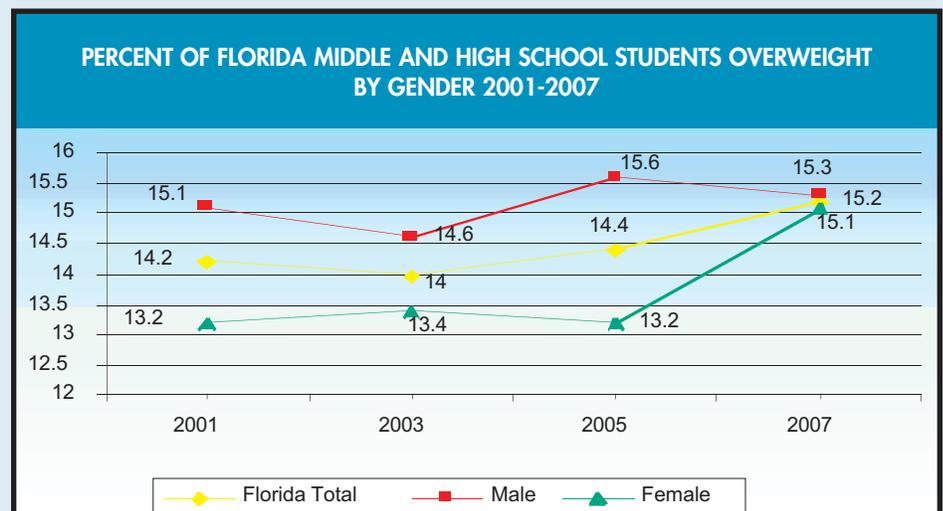
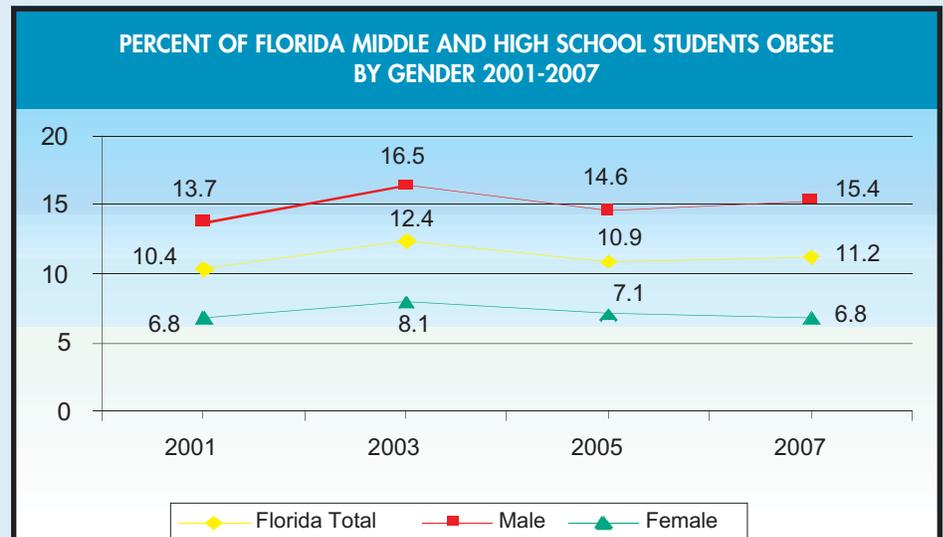
- TYPE 2 DIABETES
- LIVER DISEASE
- HIGH BLOOD PRESSURE
- EARLY PUBERTY
- ASTHMA
- EATING DISORDERS
- SLEEP DISORDERS
- SKIN INFECTIONS

WHAT IS CHILDHOOD OBESITY?

Of course, all children gain weight as they grow. But extra pounds—more than what's needed to support their growth and development can lead to what is called childhood obesity. Childhood obesity is a serious medical condition that affects children and adolescents.

WHAT IS A HEALTHY WEIGHT FOR CHILDREN?

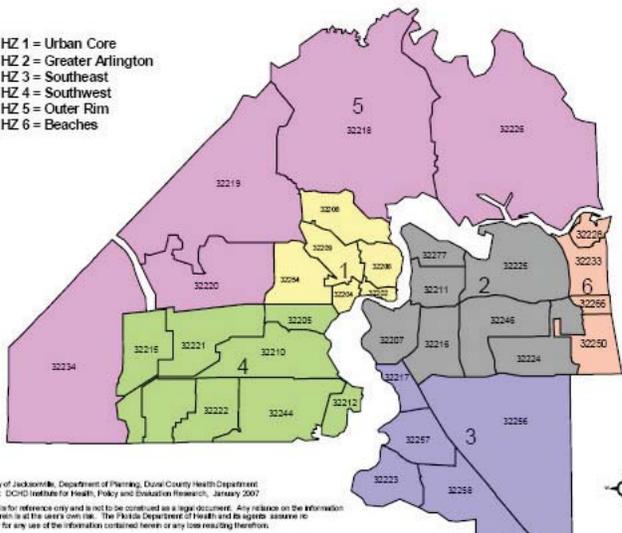
According to the Centers for Disease Control (CDC), healthy weight ranges cannot be calculated for children and teens because of their changing growth patterns. Therefore, body mass index (BMI) serves as one tool for health care providers to assess weight problems in children. Both the CDC and the American Academy of Pediatrics (AAP) recommend using BMI to screen for overweight and obesity in children and teens aged 2 through 19 years. Doctors can determine if a child is overweight or obese by comparing his/her BMI with that of children in the same age group. Although BMI is used to screen for overweight and obesity in children and teens, it is recommended that children see a trusted health care provider to assess their health on an individual basis.¹



The two charts above show the results of the self-reported Florida Youth Risk Behavior Survey from 2001-2007.

DUVAL COUNTY HEALTH ZONES, 2007

- HZ 1 = Urban Core
- HZ 2 = Greater Arlington
- HZ 3 = Southeast
- HZ 4 = Southwest
- HZ 5 = Outer Rim
- HZ 6 = Beaches



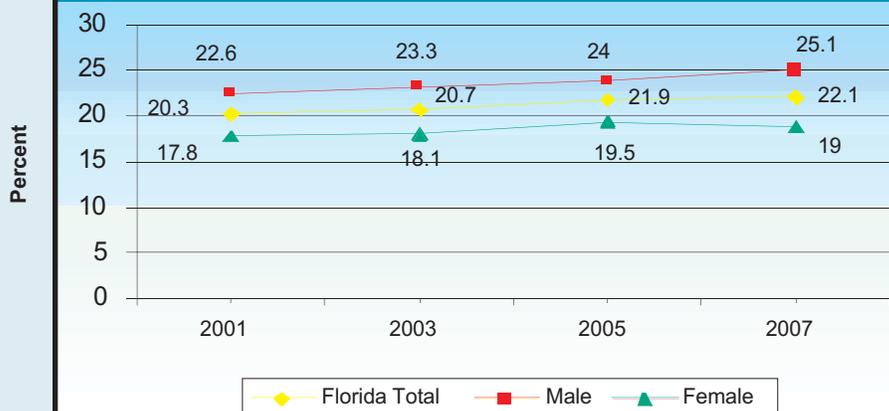
Source: City of Jacksonville, Department of Planning, Duval County Health Department
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, January 2007
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HEALTH ZONE ONE

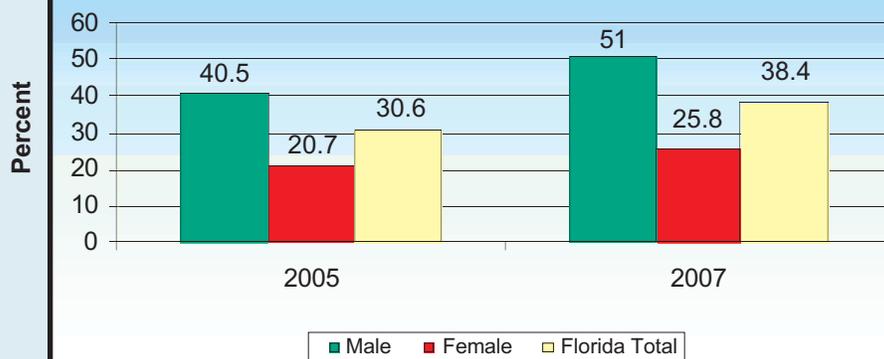
Health Zone 1 (HZ1), Jacksonville's Urban Core, bears the burden of significantly higher infant mortality, chronic disease rates, crime rates and other issues that negatively impact the growth and development of its residents.² Here are some facts about Health Zone 1 that affect the health of the children growing up there:

- ▶ Schools in HZ1 have higher rates of students who qualify for free/reduced lunch.³
- ▶ All but one "F" school in 2007 was in HZ1.⁴
- ▶ Only 32% of students in HZ1 finish high school.²
- ▶ HZ1 has higher crime rates than the rest of the city.⁵
 - This reduces opportunities for outdoor physical activity.
- ▶ HZ1 is home to many of the city's "food deserts"
 - There are fewer grocery stores per capita than other areas of the county.
 - There are more fast-food restaurants and convenience stores per capita than other areas of the county.

PERCENT OF YOUTH (MIDDLE AND HIGH SCHOOL STUDENTS) WHO CONSUME AT LEAST 5 SERVINGS OF FRUITS AND VEGETABLES A DAY BY GENDER, FLORIDA, 2001-2007



PERCENT OF YOUTH (MIDDLE AND HIGH SCHOOL STUDENTS) MEETING THE CURRENT RECOMMENDATION OF BEING PHYSICALLY ACTIVE (60 MINUTES OR MORE PER DAY) BY GENDER, FLORIDA 2001-2007



The two charts above reflect findings from the Youth Risk Behavior Survey administered from 2001-2007. Data demonstrates the number of Florida middle and high school students that self-report eating the recommended daily amounts of fruits and vegetables and engaging in recommended daily amounts of physical activity.

THE PROCESS

The community action plan process was directed by two decision-making groups: the Healthy Jacksonville Childhood Obesity Prevention Coalition and an Executive Steering Committee. The planning process utilized the existing membership of the Healthy Jacksonville Childhood Obesity Prevention Coalition. Prior to the first planning meeting, the coalition issued an invitation to additional stakeholders that had a potential influence on childhood obesity. New members were continually invited from coalition member referrals captured via monthly meeting evaluations.

The second group, the Executive Steering Committee, consisted of coalition chairs and work group chairs. This group was responsible for providing direction to the coalition on the development of the action plan and finalizing recommendations.

TIMELINE

The community action plan process consisted of nine monthly coalition meetings from September 2008 through May 2009. Four executive steering committee meetings were held from February 2009 through May 2009 with the release of the finalized plan in June 2009.

METHODS

The first meeting of the planning initiative occurred in September 2008. The initial gathering consisted of an "orientation" of the expectations and outcomes of the planning initiative and an overview of the planning timeline. Diverse sectors of public and private partners were invited to join the planning initiative along with existing coalition members. In total, over 100 partners contributed to the plan.

Subsequent gatherings consisted of orienting participants on the scope of the problem locally and providing content resources. Once participants were briefed on the purpose, process, timeline and goal of the planning initiative, participants divided into work groups. The purpose of the work groups was to divide the work of creating the action plan, secure content area expertise and provide specific, actionable and relevant recommendations to reduce childhood obesity.

Work group categories were created using the Institute of Medicine's (IOM) 2005 report, *Preventing Childhood Obesity: Health in Balance*, which outlined the roles of sectors and their influence on childhood obesity. Upon review of the IOM report, the executive steering committee recommended the following work groups be established.

WORK GROUPS

1. Data, Surveillance and Evaluation
2. Early Childhood
3. Health Care Professionals
4. Marketing, Advertising and Media
5. Parent, Family and Community
6. Policy and Advocacy

During each meeting, work groups met and refined recommendations (to review specific subgroup recommendations and strategies, please refer to the "Calls to Action" section).

Remaining meetings consisted of partner updates followed by dedicated work group time. During each meeting, work groups were given probing questions to further the refinement of their recommendations and strategies. After the fourth meeting, members requested that coalition staff provide an example of what the final report should look like. Coalition staff then reviewed other community action plan formats and shared the following examples: *San Diego County Childhood Obesity Action Plan* and the *Franklin County Childhood Obesity Action Plan*. (Citations for these reports are available in the references section of this action plan.) Staff and coalition members chose the "Call to Action" format found in the San Diego County plan as the preferred outline for each work group's final document. Coalition staff then modified the format to fit coalition needs.





LESSONS LEARNED

As the planning process progressed, several lessons were learned. Lessons learned were identified through meeting evaluation responses and conversations with coalition members and partners. Upon identification of an area for improvement, staff members immediately addressed it by modifying the planning approach.

Lessons learned included:

- ▶ Work groups needed specific direction on how they should “frame” their recommendations.
- ▶ After the first work group meeting, members requested increased time during monthly coalition meetings.
- ▶ Members requested that the purpose and outcomes of the planning process be shared briefly at each meeting so that new members could participate immediately.
- ▶ Members requested that all work group chairs share updates at the beginning of each meeting.
- ▶ Parental feedback was needed to guide the development of the action plan and community resource guide. As a result, three focus groups were conducted to obtain feedback from parents and caregivers of school-age children.
- ▶ Data, Surveillance and Evaluation was better suited as an ‘over-reaching’ work group, basing its recommendations on the work of the other groups.

PARENT FOCUS GROUP RESULTS

Focus groups were conducted to understand how Jacksonville parents view the health of their community, particularly the health of children in their community. Topics explored included the participant’s views and opinions on health and being healthy, childhood health issues, eating habits and physical activity habits of children, access/knowledge of programs to help children lose weight, and thoughts about how participants would address this health concern. Three focus groups were conducted in April 2009 with a total of 31 participants, all of which were parents of school-aged children in Duval County.

Key findings and recommendations

After reviewing focus group data, the following are recommended to assist in combating this epidemic in our area:

- ▶ Ensure parents receive accurate and adequate health information.
- ▶ Fund community gardens as a means to obtain healthy food items.
- ▶ Ensure children have access to safe playing spaces.
- ▶ Partner with schools and/or community organizations to incorporate physical activities during and after school hours.

WHY IS CHILDHOOD OBESITY INCREASING?

A variety of factors and influences contribute to the rise of childhood obesity. Factors range from personal decisions of eating and exercise to the increased availability of convenience foods or lack of access to healthy foods and places to play. No one child experiences the same journey to becoming overweight or obese. Therefore it is important to recognize that a variety of factors have led to the increase of overweight and obesity among all children.

Factors include but are not limited to: early childhood development, school, personal behaviors, built environment, access to healthy foods, genetics and screen time/advertising.

EARLY CHILDHOOD

According to a large body of recent literature, breast-feeding has a consistent protective effect against childhood obesity.⁶ Research also shows that hospital practices influence whether or not new mothers will breast-feed. Hospitals that distribute water and/or formula to infants see lower rates of exclusive breast-feeding in their clients.⁷ None of Jacksonville's hospitals have received a "Baby-Friendly" Designation, which indicates that staff and policies encourage breast-feeding for optimal baby health and mothers are only given infant formula after giving birth if they choose not to breast-feed.

SCHOOLS

Schools are one environment where a child's health can be affected by policies. Slowly but surely, nutritional standards and expectations for physical activity in our schools have decreased.⁸ With local school systems severely strapped for funding and under pressure to achieve high test scores, physical and health education programs have received less attention, time and funding, despite the link with good behavior and academic success.⁹ Jacksonville's school meal systems meet national standards for nutrition content, but these national standards offer little restriction on a la carte item sales and the upper-limits for calories, sodium and fat are based around ensuring low-income children receive enough nutrients and don't consider the country's problem with overweight and obesity in youth.¹⁰

BEHAVIORS

Over the past decades, eating and physical activity behaviors of children and families have changed significantly. Not only has technology made the idea of remaining inside more attractive to children, with the advent of computers, video games and easy-to-access entertainment, but increased crime rates and decreased funding for community programs may lead to more children and families spending time indoors than outdoors. Unstructured time outside is an essential part of child development.¹¹ Play in natural settings seems to offer unique benefits. For one, children are more physically active when they are outside, but additionally, children are more likely to absent-mindedly snack when they are inside.¹²

Not only are children eating more food every day, the serving size our children are used to is far bigger than in the past. The average out-of-home meal has grown to contain far more than one serving size, fewer nutrients and more calories than meals cooked at home. Additionally, Americans are opting to eat at restaurants more often than they used to.¹³

Children model the behaviors of their parents and their community. The decisions a family makes about the amount of time they spend outdoors and the meals they choose can greatly impact the health behaviors of their children.

CRIME

In addition, Jacksonville suffers from an increasing crime rate.⁵ This rate disproportionately affects children in the most disadvantaged neighborhoods, where there is also a lack of healthy eating options.²

BUILT ENVIRONMENT

According to the National Institutes of Health, the term "built environment" is defined as the environment that encompasses all buildings, spaces and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas and transportation systems. The built environment is one influence which can have either a positive or negative impact upon our efforts to reduce and prevent childhood obesity.

When children reach their developmental years, they may be faced with a built environment that is not conducive to physical activity or healthy eating. Neighborhoods are now constructed away from developed roads, shopping centers, libraries, parks, etc. This shift in neighborhood structure happened slowly, but we are now beginning to see the effects.¹⁴ The Duval County Public School System provides transportation to students only if they live farther than two miles from school. Additionally, bus stops cannot be farther than 1.5 miles from a student's home.¹⁵ While these distances would allow many students to walk to school, many parents choose to drive their children to school or to the bus stop. There are many reasons behind this: the design of suburban neighborhoods, crime, non-pedestrian-friendly streets and non-community schools, to name a few.

▶ continued

ACCESS TO HEALTHY FOOD

The number of fast food outlets has dramatically increased in the United States over the past two decades. It is estimated that every day, one in four of us eat a fast-food meal, with this number increasing as income levels decrease.¹⁶ We see this problem in Jacksonville also. Low-income areas in our city are home to many people without vehicles and with no access to the nearest grocery store. Instead, these families have to choose between convenient stores or fast-food outlets—both of which are plentiful in Jacksonville’s Urban Core. Many studies show links between obesity and fast-food or convenience store density. These studies also indicate that this density is the reason Jacksonville, and our entire country, sees higher obesity and chronic disease rates in low-income communities.¹⁷ Having access to fresh, low-calorie foods allows families to make healthier choices when they sit down to eat.

Nationally, child care centers typically provide children with too many high-calorie, low-nutrient foods and not enough fruit and vegetables.¹⁸ Jacksonville is home to hundreds of child care centers, and insufficient data is available for the food they provide the children who attend.

SCREEN TIME/ADVERTISING

National and local media and marketing efforts have become increasingly more focused on children over the past decades. According to the American Psychiatric Association, television networks are saturated with advertisements focused on attracting children and selling high-sugar, brightly-colored, and nutrient-deficient foods and drinks. The television shows children watch are developed with the express purpose of keeping children “glued” to their TVs as long as possible. When children can be pulled away from the tube, they often engage in virtual activity on their video game consoles or computers. This drastic increase in “screen time” has led our children to engage less in physical activity and social interaction than before—while eating higher-calorie foods—compounding the existing problems.¹⁹

According to the Center for Disease Control, the increasing rate of overweight and obesity threatens the health of our youth by placing them at a greater risk for development and early onset of chronic diseases and health conditions. As the rates of obesity continue to rise, children are now suffering from diseases that once only affected adults. High cholesterol, high blood pressure, arthritis, fatty deposits in the liver and type 2 diabetes are now being found in some overweight and obese children. Because overweight children have a 70% chance of becoming overweight as adults, they are more likely to suffer from cardiovascular disease, stroke, cancer and diabetes in adulthood.

Overweight children not only suffer from physical ailments, but also endure emotional stress related to being overweight or obese. These children undergo social stigmatization by other children and adults. Bullying by other children is common, which often leads to problems with self-esteem and depression.

Overweight and obesity can impair school performance in many ways, including health-related absenteeism. Among the medical conditions linked with overweight in school-aged children are asthma, joint problems, type 2 diabetes, depression and anxiety, and sleep apnea. Social problems, such as being teased or bullied, loneliness or low self-esteem can also affect student performance.

Being overweight exposes children to serious health problems, now and in the future. These and other conditions related to overweight and physical inactivity have a significant economic impact on the U.S. health care system. In 2000, the U.S. paid an estimated \$117 billion for obesity and its health care costs.²⁰ As the percentage of children who are overweight and physically inactive increases, and as these children age, the health problems they experience will result in increasing medical costs.



DEFINING AND MEASURING SUCCESS



In 2001, the Surgeon General of the United States issued a call to action to prevent and decrease overweight and obesity in the United States. Along with many specific recommendations on how to do this, they appropriately dedicated a section on monitoring. Data collection, access and use are a national priority and should be a local priority as well. In the Surgeon General's report, it is recommended that emphasis be placed on "new information on overweight and obesity as well as reporting on the status of current interventions." Fifteen national priorities were identified, three of which address the need for evaluation of interventions to determine best practices.²¹ Furthermore, "treatment and prevention programs should be developed outside the clinical setting, in the school and community. Development and evaluation of such programs should be a high research priority."²²

Science-based policy involves three areas: knowledge generation, knowledge exchange and knowledge uptake.²³ This means that even at the local level we need to:

1. Collect appropriate, accurate and sound data and use this data to rigorously evaluate programs we are currently implementing to see if they are effective;
2. Share these findings and data with the scientific and local community; and utilize already established, evidence-based interventions that demonstrate effectiveness.

The community has substantial community assets for conducting evidence-based decision making reflected in community assessment, program evaluation, public health systems research and community-based participatory research. These dedicated assets include academic institutions partnering with public and private community agencies, such as the Institute for Health, Policy and Evaluation Research; the Jacksonville Community Council, Inc. (JCCI); and the Health Planning Council of Northeast Florida. The Institute, hosted by the Duval County Health

Department (DCHD), provides the community with substantial quantitative and qualitative research capacity, combining the surveillance and assessment functions of a local health department with the research assets of an Academic Medical Center. The results of qualitative and quantitative mixed methods evaluation by the Institute have been reported in national public health and medical journals. In addition to the Institute's capacity related to research and evaluation, which has a major focus on local problem solving rather than generalizable theory, the Institute's Center for Health Statistics is a major leader in community assessment. This Center assesses and monitors the health status of people in the community, identifies and diagnoses community health problems and hazards, as well as informs and educates the community about the findings. The Center is a local asset that facilitates access to a wide range of census-based and public-use databases including but not limited to: Vital Statistics, Notifiable Diseases, Cancer Registry, Communicable Diseases, Linked Files, Behavioral Risk Factor Surveillance System, U.S. Census Bureau and Hospital Discharge and Emergency Room data. The Center provides data for many of the other community assessment agencies including the JCCI and the Jacksonville Children's Commission, both of whom provide annual reports on status of health and quality of life in Jacksonville.

Considerable work has already been accomplished in developing our evidence of our local obesity problem and proxies associated with obesity (i.e., breast-feeding, physical activity, nutrition, physician practices). We currently collect and assess the following indicators:

- ▶ Breast-feeding rates, both initiation and duration (per Vital Statistics and the more preferred source, Florida Pregnancy Risk Assessment Monitoring System).
- ▶ Physical activity measurements and behavior (per the President's Physical Fitness Test results for select grades, and in the near future, through the Youth Behavior Risk Survey).
- ▶ Nutrition-related behavior on a self-reported basis (per YRBS) and by nutrition analysis of school menus.
- ▶ BMI data on a county level (per Florida Youth Tobacco Survey) and, in the future, with a scientifically calculated sample at the sub-county level (per YRBS).

The Youth Risk Behavior Survey, an example of the local capacity, was conducted in Duval County in the Spring of 2009. This is a major accomplishment in the area of data collection for monitoring the current status of specific health behaviors and some health indicators (middle and high schools). This will allow us to have a better understanding of the priorities for our children's health, and focus on areas below the county level down to health zones.

Although there are some significant strides made in the area of data collection and monitoring, some areas of improvement have been identified:

- ▶ The Duval County Public Schools is an excellent source for data on our children's physical activity levels, nutrition habits, and BMI. Since 1974, Florida statutes have required that county school health programs provide growth and development screening services in 1st, 3rd and 6th grades and report the data to the state health management system. Duval County's available data is not a representative sample from the school district and this subsequently causes room for improvement in the collection and reporting of this data.²⁴ Community partners and data experts, with the proper approvals and care for student privacy, should partner with the school system to efficiently collect and store data electronically for quick and appropriate analysis to better inform school and city-wide policies on physical activity and nutrition.
- ▶ Continue to review and monitor literature on best practices and evidence-based interventions that have already been proven to be effective.²⁵
- ▶ Look to other model communities and organizations to incorporate unique and effective approaches to implementing programs.
- ▶ Collect data on and evaluate our own programs so we can report effectiveness, determine whether the program is a wise use of limited resources and identify areas for improvement.

In an individual's life there are a variety of factors that influence any decision. The same is true with decisions that relate to the ability to live a healthy lifestyle. Before the development of the community action plan, coalition partners chose the *Social Ecological Framework* to examine the challenge of childhood obesity in Jacksonville, Florida. The term "ecology" is defined in the *Dictionary of Epidemiology* as "the study of relationships among living organisms and their environment." *The Social Ecological Framework* considers the variety of influences that can impact an individual's health: the individual, interpersonal groups, organizational, community and societal factors.



Social Ecological Framework

In order to provide a coordinated and comprehensive approach to reduce childhood obesity, the coalition selected the *Social Ecological Framework* to guide their actions and to prioritize recommendations. The *Social Ecological Framework*, used by the Centers for Disease Control (CDC) to demonstrate the interconnectedness of factors that results in childhood obesity illustrates the role of a variety of influences. Please refer to the definitions below, taken from the CDC website.

Individual

Addressing obesity and other chronic diseases begins by changing everyday behaviors that relate to eating and physical activity. That means changing people's knowledge, attitudes and beliefs. But they don't have to go it alone: Through interconnected social relationships—including families, schools, communities and government—individuals can find the support and guidance they need to start making more healthful choices.

Interpersonal Groups

Whether it's a family or a group of friends, a book club or a biking club, almost everyone belongs to some sort of group. Interpersonal groups are an important way to encourage more healthful behaviors, giving individuals the knowledge and

support they need to make good nutrition and physical activity choices.

Organizations

Organizations include schools, places of employment, places of worship, sports teams, and volunteer groups, to name just a few. Organizations can help members make better choices about healthful eating and physical activity through changes to organization policies and environments as well as by providing health information.

Communities

A community is like a large organization, able to make changes to policy and the environment to give residents the best possible access to healthful foods and places to be physically active. Changes to zoning ordinances,

improvements to parks and recreation facilities, creating ways to distribute free or inexpensive fruits and vegetables. These are only a few of the many ways community residents, groups, and organizations can work together to improve nutrition and physical activity.

Society

This all-encompassing category involves individuals, organizations and communities working together for change. New nutrition and physical activity legislation, statewide school policies, media campaigns and partnerships with business and industry are just some of the ways a comprehensive strategy to address obesity and other chronic diseases takes shape on a large scale.²⁶

HEALTHY FOOD DEMAND

While increasing access to healthy foods in low-income, underserved neighborhoods is a critical health priority, it is not enough. There must also be a focus on increasing demand for healthful foods. Consumption of healthy foods is influenced by a host of factors including knowledge, beliefs and attitudes about health and dietary habits, food insecurity, culture, lifestyle, convenience, stress and time pressures. Education and outreach efforts must continue to support culturally-relevant, nutrition education and counseling in disparate populations, and must begin with children in their earliest stages. Moreover, there must be a commitment to including members of disparate groups in local health planning efforts and decision-making processes as we consider increasing access and demand for healthy foods in Jacksonville.

Engage the **CITY OF JACKSONVILLE** to advance the following strategies to reduce and prevent childhood obesity in Duval County:

A LOCAL SUCCESS...

RAILS-TO-TRAILS

The Blue Foundation for a Healthy Florida has provided funding to the Rails-to-Trails Conservancy (RTC) to encourage physical activity in the downtown Jacksonville community. Funding was awarded to the organization to increase accessibility of Jacksonville's S-Line Trail, located in Durkeeville and Springfield, to nearby schools, parks and neighborhoods. The mission of RTC is to create a nationwide network of trails from former rail lines to build healthier places for healthier people. Through research and community outreach, RTC will create a prioritized action plan on how to better develop the trail. By integrating the S-Line Trail with local schools, hospitals and workplaces, Jacksonville can provide safe pathways for children to and from schools, and create easy incentives for active, healthy lifestyles.

▼ S-Line Urban Greenway



Planning and Zoning

- A. Incorporate public health priorities in land use/zoning plans and decisions.
- B. Amend the city comprehensive plan and future land use plans to require a "complete streets" approach to enable safe and convenient access for pedestrians, bicyclists, motorists and transportation users.
- C. Ensure comprehensive plans support connectivity to schools, parks, store and other facilities via walking and/or biking routes.

Built Environment

- D. Increase investment in neighborhood infrastructure—with emphasis on divested neighborhoods—(sidewalks, bike lanes, crosswalks, paths and green spaces) that support active living and increase/improve access to healthy food.
- E. Increase development of mixed-use land areas that provide affordable housing and commercial space options.
- F. Incorporate "smart growth" strategies into revitalization efforts.
 - Smart growth America is a nation-wide coalition that seeks to incorporate protection of open space, revitalization of neighborhoods, affordability of housing and increased transportation choices into city planning and design.
- G. Increase quality, safety and accessibility of parks to encourage use by youth and families.

Incentives

- H. Research, recommend and implement incentives for landowners to use properties for healthy living uses (food retail, neighborhood cooperatives, pockets parks).
- I. Establish incentives (attractive financing options, location and development assistance) for grocery store development in divested neighborhoods.
- J. Develop a local tax structure that provides incentives (reduced taxes) for local companies that produce healthy eating and/or active living products/services.

Policies and Collaboration

- K. Provide funding and/or other incentives to expand the number of community gardens and farmer's markets.
- L. Appoint a liaison from the Mayor's Council on Fitness and Well-Being to the Healthy Jacksonville Childhood Obesity Prevention Coalition to coordinate and represent complementary efforts.

Sustained actions by the Coalition

1. Identify and link with local and state official child health champions to promote obesity prevention strategies, educational messages and special events.
2. Develop policy briefs and legislative packets that ensure standard, consistent messaging to inform policymakers and decision-makers on the policy and environmental opportunities to reduce childhood obesity.
3. Provide advocacy training for parents, residents and interested community groups.
4. Develop a speakers' bureau of issue experts and committed community residents.
5. Communicate on a regular basis with stakeholders on federal, state and local government efforts related to childhood obesity.
6. Commission and support a comprehensive food environment study to inform policy makers and the community about the state of food environments across the city and by health zones.

Engage **HEALTH CARE SYSTEMS AND PROVIDERS** to advance the following strategies to reduce and prevent childhood obesity in Duval County:

Systems

- A. Encourage the Duval County Health Department to improve the quality of foods in divested neighborhoods through public health standards and surveillance.
- B. Encourage the Duval County Health Department's Women, Infant and Children's (WIC) Program to assure that food assistance programs are expanded to provide the ability for users to purchase fresh fruits and vegetables from all farmers' market locations.
- C. Establish a committee to regularly review insurance covered referral services for pediatric overweight/obese clients and share coverage information with providers on a regular basis.

Providers

- D. Educate and train health care providers, medical profession students and medical education faculty in effective childhood obesity prevention and treatment methods.
- E. Provide motivational interviewing communication model and its applicability to childhood obesity.
- F. Educate provider community about resources and data available from the Florida Improvement Network for Kids (FINK) and its link to childhood obesity reduction/prevention.
- G. Train, educate and share with providers evidence-based interventions to be used during well-child visits during the first five years of life.
 - Nemours Children's Clinic in Delaware and The Ounce of Prevention Organization have appropriate examples.
- H. Development and implement a provider referral system that encourages reciprocal communication between health care and referral service providers.
 - Delaware's 5-2-1-Almost None Model is an example.
 - Utilize a prescription pad journal system to increase provider communication and patient understanding and adherence.
- I. Adopt a core message for use by providers in prevention and treatment of childhood obesity.
 - Delaware's 5-2-1-Almost None Model is an example.
- J. Implement adopted core message when communicating with overweight and/or obese children and their families.

Sustained actions by the Coalition

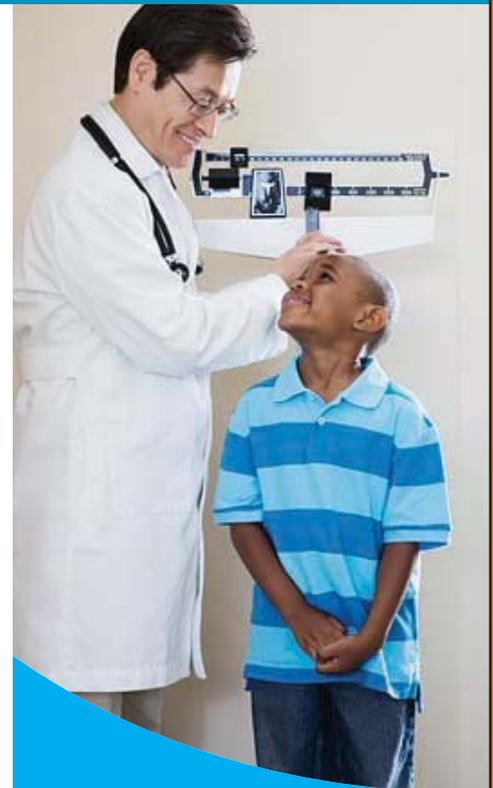
1. Disseminate and train providers, medical profession students and medical education faculty on the use of the Healthy Jacksonville Childhood Obesity Prevention Resource Guide.
2. Encourage communication between physicians and referral service providers.
3. Link Primary Care Physicians with community resources that address childhood obesity.
4. Promote community awareness of best practices and changes in recommendations for physical activity and nutrition in children.
5. Provide a platform for healthcare professionals to advocate for policy change.

A LOCAL SUCCESS...

The Florida Academy of Family Physicians (FAFP) is Florida's medical specialty association composed of more than 4,000 family medicine physicians, resident physicians and medical students from across the state. The FAFP works to advance the specialty of family medicine by promoting excellence and improvement in the health care of all Floridians. They strive to assist members to become the best family physicians they can be through effective communication, legislation/regulation, education, advocacy, research and motivation.

The FAFP continually works to communicate, recognize and celebrate the issues of family medicine, while helping all Floridians to understand that having a family physician is vital to their health. The FAFP understands the need for families to have medical homes and sees the family physician office as a key player in the childhood obesity epidemic.

This year, the FAFP is working to develop an obesity tool kit for all of its members to help physicians adequately understand and address childhood obesity in both the prevention and intervention arenas. This tool kit will allow family physicians to not only assist patients dealing with obesity, but also to refer them effectively to successful programs and organizations.



Local Health Care Professional Societies to Engage in This Effort:

- Duval County Medical Society
- Northeast Florida Pediatric Society
- Jacksonville Pediatrics Association
- Duval County Dental Society
- Duval County Nurses Association
- First Coast Nurse Leaders
- Society(ies) of Physician's or Medical Assistants
- Local Clinic Staff
- Jacksonville Dietetic Association
- Associations for Physical Fitness Professionals
- Hospital Resident Groups
- Northeast Florida Mental Health Association
- Florida Association of Family Physicians
- Medical Student groups

CALL TO ACTION #3

Engage **SCHOOLS** to advance the following strategies to reduce and prevent childhood obesity in Duval County:

A LOCAL SUCCESS... MUNCHY MONDAYS at J. Allen Axson Elementary

Dr. Leslie Kaplan and Stephanie Perry, R.D., worked together to create a successful program to bring new fruits and vegetables to students at J. Allen Axson Elementary School. These faculty members began the program by soliciting donations from local grocery stores to purchase fresh fruits and vegetables. As the program grew, the PTA worked the cost of food into their budget. Parents involved use the school's lunch hour to assemble healthy snacks and share them with students. While eating, parents talk with students on the importance of healthy eating and provide take-home tips to share with their family. After three successful years, the program collected data and the results were published in the Northeast Florida Medical Society's journal. It turns out that when the students were trying fruits and vegetables, between 25 and 58% of them had never tried them before.

Additionally, when fruits were sampled, at least 75% of children indicated liking the taste, and at least 74% indicated they would eat it again. With vegetables, more than 40% of the children indicated they enjoyed the taste and would eat them again.²⁷



- A. Commit and support to full implementation of the District Wellness Policy by:
 - Ensuring healthy food options are available throughout the school day and environment
 - Incorporating staff and student wellness initiatives
 - Providing regular structured and unstructured times for physical activity
- B. Restrict a la carte item content and availability.
- C. Restrict soda and candy sales in schools and at school sponsored events and activities.
- D. Support the district's efforts to meet state mandates (e.g. 150-minutes of physical education per week in the elementary schools) and enhance the quality of K-12 physical education programs.
- E. Encourage and provide opportunities for safe unstructured physical activity during and after the school day.
- F. Link and partner with efforts to ensure safe-routes-to-school methods that support increased walking and biking.
- G. Develop, implement, support and sustain student-led health councils for secondary schools.
- H. Provide decision making opportunities for students in regards to healthy eating and active living opportunities during and after the school day (review school menus, propose health initiatives designed and implemented by students, increase hours for track and fields).
- I. Partner with the Duval County Parent Teacher Association (PTA) to make childhood obesity a state-wide platform issue.
- J. Research and pursue partnerships with business, local government and faith communities to provide support for school activities related to healthy eating and active living.
- K. Encourage a strong defined partnership/reliance between school wellness committees and the PTA.
- L. Increase the implementation of comprehensive health education in grades PreK-12 to increase health literacy.

Sustained actions by the Coalition

1. Ensure consistent coalition representation on the District School Wellness Committee, Duval County School Board and Parent Teacher Association meetings.
2. Communicate with school board members and staff on a proactive and regular basis on issues as they relate to childhood obesity.
3. Provide access to childhood obesity content experts for school needs.
4. Increase awareness of and provide monitoring of the implementation of the district wellness policy.

WHY FOCUS ON SCHOOLS?

Schools remain "an obvious and important channel for providing obesity prevention programs, as the vast majority of youth spend a great deal of time each week throughout their development from childhood to adulthood in schools" writes Leslie A. Lytle, Ph.D., of the University of Minnesota. Because children spend so much of their daylight hours during the formative years in the classroom environment, which by intent is designed to educate and facilitate positive growth, schools are a critical component of effective obesity prevention initiatives.

According to the National Association of State Boards of Education, schools can and should not be expected to conquer this crisis on their own. Instead, schools have a responsibility to work with parents, government and community groups to take the necessary steps to address the epidemic. Children's behavior and habits are acquired during each waking moment. This is not only at school, but also at home, on the playground, at meals, and with friends, family and mentors. This broad exposure constitutes the learning experience of life. This way, community, in the broadest terms, becomes the teacher. An effective obesity prevention program should provide the tools and opportunities for this to result in long-lasting and deeply ingrained healthy habits.

Engage **EARLY CHILDHOOD** advocates and providers to advance the following strategies to reduce and prevent childhood obesity in Duval County:

- A. Expand breast-feeding education in clinics and at obstetrician offices serving pregnant women and women of childbearing age.
- B. Expand breast-feeding education and support provided to pregnant and parenting families through Healthy Start, Healthy Families and WIC.
- C. Expand content of mandatory state 40-hour training for child care provide to include training modules that emphasize the importance of healthy eating and active living for children ages 0-4.
- D. Select/create and distribute sample menus, curricula and other instructional material that emphasize the value of healthy eating and active living to childcare providers of children ages 0-4.
- E. Disseminate healthy eating and active living education and information through child care provider training and licensure programs.
- F. Support efforts by the Florida Breast-feeding Coalition to secure State legislation supporting breast-feeding mothers at the worksite.
- G. Disseminate the U.S. Department of Health & Human Services "Business Case for Breast-feeding" support guide to employers.
- H. Engage the Jacksonville Chamber of Commerce and business networks to promote worksite breast-feeding support.
- I. Work with the Early Learning Coalition, Duval County Health Department and the local Department of Children and Families to ensure child care centers who serve infants under the age of one are informed regarding the safe handling and storage of breast milk.
- J. Work with the Northeast Florida Breast-feeding Collaborative in its efforts to assist hospitals in achieving successful implementation of the World Health Organization's Baby-Friendly 10-step Hospital Initiative (BFHI).

Sustained actions by the coalition

1. Support the ICARE promotion of the Baby Friendly Hospital initiative as a key strategy for reducing infant mortality in the Jacksonville area; JCCI Infant Mortality study recommends implementation of BFHI as one of 15 recommendations to improve infant health.
2. Work with the Northeast Florida Breastfeeding Collaborative in its efforts to assist hospitals in achieving successful implementation of the World Health Organization's Baby Friendly 10 step hospital program.

A LOCAL SUCCESS...

ICARE, a local coalition of religious congregations concerned with social justice, has taken on the charge of making our hospitals baby-friendly. The World Health Organization (WHO) /UNICEF "Baby-Friendly" hospital designation ensures that hospitals maintain a breast-feeding policy that educates all providers to encourage lactation, in lieu of formula, and educated parents on the benefits of long term breast-feeding. Jacksonville's hospitals, while being some of the best in the nation with respect to technology of specialty care, have not uniformly achieved the 10 steps to become Baby-Friendly. ICARE, through its networks of influence in Jacksonville, has recently received commitments from every hospital in Jacksonville to begin the process of improving Jacksonville's health through this initiative. A work group consisting of representatives from every hospital in Jacksonville began meeting in May 2009 to coordinate this initiative at a city-wide level.



Engage **COMMUNITY, FAITH AND YOUTH ORGANIZATIONS** to advance the following strategies to reduce and prevent childhood obesity in Duval County:

A LOCAL SUCCESS... CROSSROAD CHURCH: A SUCCESSFUL CHURCH-SCHOOL PARTNERSHIP

CrossRoad Church began its relationship with Windy Hill Elementary more than six years ago when Sandy Sprague, the wife of their lead pastor, noticed the needs of the school and the community around it. Windy Hill was chosen because of its proximity to CrossRoad (Jacksonville's Southside), and also because many of the school's students (over 70%) qualify for free or reduced lunch. Mrs. Sprague saw this as even more reason to work with the community and the school to improve the lives of its students.

The church approached the school's principal, and decided to do the best they could as a congregation to support and foster the school. They provide eyesight and hearing tests on school property and conduct regular school supply drives. The church also supports decorations for school activities, structures for science projects and a food pantry in partnership with their local Publix with both monetary donations and volunteer efforts. This year the church was able to install an entire computer lab to help support the students and the community. The church plans to expand its relationship with the school by hosting neighborhood events for the community on the school's campus. The relationship between CrossRoad Church and Windy Hill Elementary is a great example of how a church can support a school in need and help raise awareness of certain issues and increase community involvement. This model can be used as a guide for churches wishing to provide support and mentorship for schools facing problems with childhood obesity.



- A. Utilize community and faith-based outlets as an implementation source for breast-feeding awareness, education and promotion.
- B. Design and/or select a peer educator or train-the-trainer program that reinforces the adopted local core prevention message using community, faith and youth organization contacts
- C. Implement an "adopt a school" partnership where community and faith-based organizations adopt a school to support healthy living and parental support efforts.
- D. Create and implement youth-led peer involvement campaigns that address healthy eating and active living.
- E. Encourage pastoral alliances to recognize and address childhood obesity as an issue in their unique faith settings.

Sustained actions by the Coalition

1. Ensure community, faith and youth organization representation in coalition membership.
2. Share local best-practice models with community, faith and youth organizations.
3. Encourage community, faith and youth organizations to adopt struggling schools.
4. Ensure collaboration and partnership between existing initiatives with similar goals and foci.

WAR ON POVERTY FLORIDA: BUILDING COMMUNITY CAPACITY

War on Poverty, Florida (WPF) is a nonprofit organization that serves as a crucial community-based partner to the Healthy Jacksonville Childhood Obesity Prevention Coalition. WPF has received funding from The Blue Foundation for a Healthy Florida to conduct its Build a Healthy Community Initiative. With this funding, WPF is able to assess local resources and support increased physical activity, infrastructure enhancements, environment change and social policy. WPF specializes in engaging community residents, faith-based and community-based organizations, the educational community and community stakeholders to help utilize existing resources and leverage partnerships.

WPF has performed a targeted community asset analysis, facilitated economic and real estate development improvements for community redevelopment and has developed a comprehensive approach to community revitalization. WPF has also demonstrated ability to engage community stakeholders and implement a sustainable work plan.

WPF helps local organizations to establish community gardens, youth councils and other valuable projects to encourage healthy living in the most vulnerable areas of our city.

Engage **MEDIA and MARKETING** community to advance the following strategies to reduce and prevent childhood obesity in Duval County:

- A. Design and/or select a local “core” childhood obesity prevention message and media campaign. The selected campaign will address the following requirements to ensure depth and spread of message to all Duval County citizens:
- Balance
 - Gender
 - Age
 - Comprehensive
 - Realistic
 - Easily Disseminated
 - Youth “Approval”
 - Cost
 - Accessibility
- B. Implement core message in areas of greatest need first, with the plan to implement city-wide.
- Recommend/develop web-based social interaction resource for children to support newly adopted healthy behaviors.
 - Partner with a variety of media and marketing partners to promote core message.
 - Partner with a variety of media and marketing partners to support common campaigns.

Sustained actions by the Coalition

1. Produce press releases and human interest stories to engage media interest.
2. Secure funding for media and marketing initiatives through a variety of funding sources.
3. Create an annual timeline/calendar of events related to healthy eating and active living for children and their families.

“FIGHT THE COUCH” CHILDHOOD OBESITY PREVENTION CAMPAIGN BY CHANNEL 12 NEWS.



A LOCAL SUCCESS...

During the spring of 2009, WTLV Channel 12 News, a local news outlet approached the coalition for ideas to launch a childhood obesity prevention campaign. Under the leadership of anchor Jeannie Blaylock a motivational campaign called, Fight the Couch, was launched to encourage students to become more active during the school day. The coalition thanks the efforts of Channel 12 and hopes to partner with all local media outlets to spread the message of prevention and collaboration to all citizens.

Engage **Jacksonville EMPLOYERS** to advance the following strategies to reduce and prevent childhood obesity in Duval County:

JACKSONVILLE'S HEALTHIEST 100®
WORKSITE WELLNESS AWARDS BY
THE MAYOR'S COUNCIL ON
FITNESS AND WELL-BEING



- A. Implement and/or strengthen policies in worksites that encourage breast-feeding.
- B. Encourage family-friendly health activities.
- C. Encourage and support employees in their efforts to be health role models for their children.
- D. Encourage employers to adopt schools to support school wide wellness efforts and activities.
- E. Support and recognize worksite wellness programs.

▼ International Walk to School Day, October 8th, 2008, Hendricks Avenue Elementary School



A LOCAL SUCCESS...

The Mayor's Council on Fitness and Well-Being (MCFW), formed by Mayor John Peyton and re-energized in 2008 by Chair Tim Lawther, took on the charge of expanding and recognizing worksite wellness efforts in Jacksonville.

The MCFW recognizes the important link between the health of the community and the health of its work force. Children's health practices are modeled after their parents' and the habits of adults are often dependent upon their peer group. Therefore, because Jacksonville has such a large workforce and diverse representation of businesses, the worksite is a prime venue for health improvement initiatives.

The MCFW hosted and planned the Inaugural First Coast Worksite Wellness Conference in 2009 and brought together local and national speakers, including former Health and Human Services Secretary Tommy Thompson, to educate and inform local businesses about how they can start or improve wellness initiatives at their place of work.

Additionally, the MCFW sponsored the first ever Jacksonville's Healthiest 100 competition which recognized 22 local companies for their outstanding wellness efforts.

It is the hope of the Mayor's Council on Fitness and Well-Being that employers will see the link between healthy employees and healthy children, and continue to encourage and support wellness efforts during the work day.

City of Jacksonville

1. Increase investment in neighborhood infrastructure—with emphasis on divested neighborhoods—that support active living and increase/improve access to healthy food (sidewalks, bike lanes, crosswalks, paths, and green spaces).
2. Establish incentives (attractive financing options, location and development assistance for grocery store development in divested neighborhoods).

Health care Systems and Providers

1. Encourage the Duval County Health Department to improve the quality of foods in divested neighborhoods through public health standards and surveillance.
2. Educate and train health care providers in effective childhood obesity prevention and treatment methods.

Schools

1. Commit and support the full implementation of the District Wellness Policy by:
 - Ensuring healthy food options are available throughout the school day and environment.
 - Implement staff and student wellness initiatives.
 - Provide regular structured and unstructured times for physical activity.
2. Enforce state law mandate requiring 150 minutes of instructional physical activity per week for elementary school students and 225 minutes per week for middle school students.
3. Provide decision-making opportunities for students in regards to healthy eating and active living opportunities during and after the school day (review school menus, propose health initiatives designed and implemented by students, increase hours for track and field activities).

Early Childhood

1. Work with the Northeast Florida Breast-feeding Collaborative in its efforts to assist hospitals in achieving successful implementation of the World Health Organization's Baby-Friendly 10-step Hospital Initiative.
2. Expand content of mandatory state 40-hour training for child care providers to include training modules that emphasize the importance of healthy eating and active living for children ages 0-4.
3. Select/create and distribute sample menus, curricula and other instructional material that emphasize the value of healthy eating and active living to child care providers of children ages 0-4.

Community, Faith and Youth Organizations

1. Encourage community, faith and youth organizations to adopt local schools to promote healthy eating and active living initiatives.
2. Create and implement youth-led peer involvement campaigns that address healthy eating and active living.

Media and Marketing

1. Design a local core childhood obesity prevention message and media campaign with these requirements:
 - Balance
 - Gender
 - Age
 - Comprehensive
 - Realistic
 - Easily Disseminated
 - Youth "Approval"/Design
 - Cost
 - Accessibility

Employers

1. Implement and/or strengthen policies in worksites that encourage breast-feeding.
2. Partner and Provide support to school and community efforts to address obesity.

CALL TO ACTION HIGHLIGHTS

Much effort and synergy will be required to move towards successful implementation of the strategies included. Sustainability, ongoing promotion of this Call to Action, and a focus on implementation of priority strategies will be the focus of the Coalition as it moves into an implementation phase. The Coalition will look to build and formalize partnerships, identify community advocates and champions, and secure specific commitments from individuals, corporate and organizational partners.

Sustaining local childhood obesity prevention efforts will require significant local investments in reversing childhood obesity. It will require support and funding for programmatic interventions that promote healthy eating and active living, as well as interventions that assure policy and built environment supports for a healthy community. The Healthy Jacksonville Childhood Obesity Prevention Coalition, led by its Executive Steering Committee, will continue to work to expand local infrastructure to address childhood obesity and will give priority to working with corporate partners, foundations and funders to give priority to addressing obesity. The Coalition challenges the business community to give particular importance to working with the Coalition and within the community to address obesity.

There is tremendous opportunity for Jacksonville moving forward to continue to forge effective partnerships and alliances across sectors that bring together varied, but connected interests. This is our imperative as a community if we are to reverse childhood obesity and ultimately achieve a larger vision for community health.

NEXT STEPS | Where Do We Go From Here?

Reducing and preventing childhood obesity in Jacksonville is a multi-faceted, complex issue. This Community Call to Action provides an exhaustive overview of action needed across sectors of our community to reduce childhood obesity and improve child health in Jacksonville. Responsibility for creating and sustaining change must be shared and owned by City of Jacksonville officials and policymakers, healthcare providers and systems, schools and school officials, early childhood providers and advocates, community, youth and faith-based organizations, corporate and business partners, and parents and families.

ACKNOWLEDGEMENTS

THE HEALTHY JACKSONVILLE CHILDHOOD OBESITY PREVENTION COALITION THANKS ALL THE MEMBERS WHO MADE THIS PLAN POSSIBLE.

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MANY ORGANIZATIONS HAVE BEEN INVOLVED IN THE HEALTHY JACKSONVILLE CHILDHOOD OBESITY PREVENTION COALITION SINCE ITS INCEPTION. BELOW IS A LISTING OF THE PARTNERS WHO HAVE MADE THE COALITION AND THIS REPORT POSSIBLE.

100 Black Men
 American Association of Clinical Endocrinologists (AAECORP)
 American Lung Association
 AraMark
 Baptist Health
 Blue Cross and Blue Shield of Florida
 Boys and Girls Club of Northeast Florida
 Breastfeeding Coalition of Northeast Florida
 Catholic Charities
 The Chartrand Foundation
 The City of Jacksonville Planning Department
 Commit 2B Fit
 Community Connections
 Creative Political Foundations Inc.
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 Duval County Health Department
 Duval County Medical Society
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 Duval County Parent Teacher Association
 Empowerment Resources Inc.
 Family Care Partners
 First Coast News
 Florida Academy of Family Physicians
 Foods2chews
 Girls Inc.
 GreaterWorx
 The Health Planning Council of Northeast Florida
 Healthy Jacksonville 2010
 Hope Haven
 ICARE
 Jacksonville Children's Commission
 Jacksonville Dietetic Association
 Jacksonville Kids Coalition
 Jacksonville University
 Memorial Hospital
 National Association of Health Service Executives – Jacksonville Chapter
 Nemours Children's Clinic
 Northeast Florida Area Health Education Center
 Northeast Florida Healthy Start Coalition, Inc.
 Northeast Florida Medical Society
 Orange Park Medical Center
 Rails to Trails
 St. Vincent's Hospital
 Swisher and Co Marketing
 Team Gaia
 Temple Builders
 The Blue Foundation for a Healthy Florida
 The Bridge of Northeast Florida
 The Robin Shepherd Group
 United Way of Northeast Florida
 University of Florida Cooperative Extension Service
 University of Florida Shands Pediatric Residency Program
 University of North Florida Community Nutrition
 War on Poverty, Inc.
 Wayman Community Development
 Wolfson Children's Hospital
 Women of Color Cultural Foundation
 YMCA of Florida's First Coast

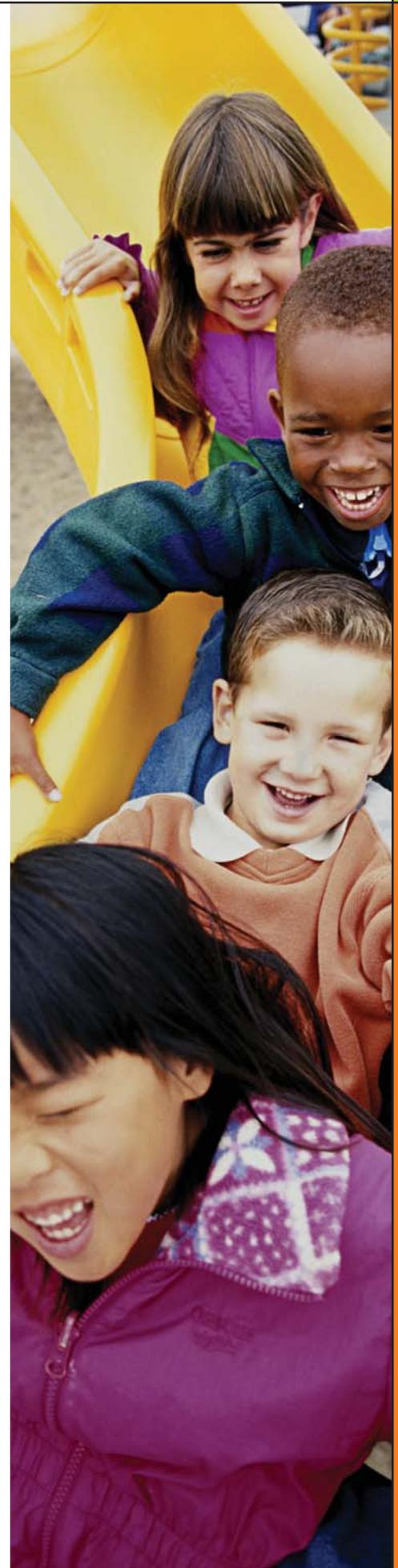
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